

long-term medical costs. **RESULTS:** Using 30-day mortality data from the Global Utilization of Streptokinase and Tissue Plasminogen Activator for Occluded Coronary Arteries (GUSTO) trial, the baseline analysis yielded an ICER for t-PA of \$24,882/QALY compared to SK. The ICER was sensitive to the difference in reinfarction rate (baseline 3.83%: 3% ICER \$19,326: 6% ICER \$120,767) and mortality rate (baseline 6.3%: 6.7% ICER \$46,688: 7.2% ICER \$197,850) of t-PA. **CONCLUSION:** t-PA is a cost-effective therapy for MI compared to SK. In addition, despite using costs and utilities from varied sources, and employing a simpler model the findings support previously published results.

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CLOSURE OF ATRIAL SEPTAL DEFECT: MEDICO-ECONOMIC ARGUMENTS TO CHOOSE BETWEEN INVASIVE SURGERY AND PERCUTANEOUS TECHNIQUE USING SEPTAL OCCLUDER

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OBJECTIVES: The medical device implantation techniques via percutaneous aboard tend to substitute to surgical techniques, in various cardio-vascular therapeutics. However, prosthesis implantation is often accompanied high implementation costs (linked to the device acquisition) which are difficult to justify to the decision-maker, in a context of high financial constraint. **METHOD:** Available clinical data show similarity of effectiveness and complication rates between these two techniques. Therefore, the economic appraisal consists in a cost minimization approach. First, we modeled the two technique protocols before costing each action (personnel, facilities, . . .) according to the internal costs of Grenoble hospital. Moreover, we estimated the budgetary productivity of these two strategies using the French DRG classification system used to adjust the annual financial allocation of French public hospitals. **RESULTS:** Results show the percutaneous technique (septal occluder Amplatzer®) is dominant (1.5 times less expensive than surgery), mainly by decreasing the hospital stay (two hospitalization days instead of 12 days in the surgery strategy). DRG system classification generates 1473 ISA (hospital productivity index) for the percutaneous technique and 7556 ISA for invasive surgery. **CONCLUSIONS:** Comparing between cost-minimization technic using internal costs and incremental budgetary impact using French DRG classification, we conclude that the prosthesis implantation via percutaneous aboard is economically dominant (cheaper than invasive surgery) but 5 times less contributive to annual budget allocation. Therefore incitation for the hospital decision-maker to use septal occluders must come with the adaptation to new technologies of financial public allocation using the DRG classification.

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STRATEGIES FOR IMPROVING COMPLIANCE WITH HMG-COA REDUCTASE INHIBITORS

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OBJECTIVE: To assess medication compliance and predictors of compliance with HMG-CoA reductase inhibitors for patients following a myocardial infarction (MI) or other atherosclerotic event. **METHODS:** Patients were identified from a managed care organization (MCO) database who had an MI or other atherosclerotic event in 1997 or 1998 and were continuously enrolled in the MCO for the year following the event. All patient records were collected following guidelines for HEDIS reporting. Pharmacy claims data review identified 216 patients who had at least one prescription filled for a statin. A number of compliance measures were calculated, including the CMA, a continuous multiple-interval measure of medication availability. A multivariate linear regression of CMA included the following independent variables: age, sex, ICD-9 of admission, DRG of admission, statin prescribed, medication days supply dispensed, number of unique medications prescribed, number of unique chronic medications prescribed, and prescription drug copay amount. **RESULTS:** The mean CMA was 0.820. Regression results (adjusted r-square 0.11) indicate that several factors had potentially large impacts on CMA, but the estimates were associated with large standard errors (age, gender, ICD-9 of admission, DRG of admission, statin prescribed). Four factors with estimates statistically significantly different from zero are as follows (t-statistics in parentheses): days supply (each 30-day increment) 0.116 (3.61), number of concomitant unique medications -0.009 (2.29), number of concomitant unique chronic medications 0.012 (1.83), copay (each \$1) -0.007 (2.84). **CONCLUSIONS:** Compliance with statins was high in this sample, but not ideal (1.0). Strategies for improving compliance that may have merit include: providing patients with 60 or 90-day supplies (rather than 30-day supplies), controlling the number of other medications prescribed and having lower patient copayments for these important medications.

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COST-ANALYSIS OF CABG SURGERY IN PATIENTS WITH AND WITHOUT RETHORACOTOMY FROM THE HOSPITAL PERSPECTIVE IN GERMANY

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OBJECTIVES: German hospitals receive the same reimbursement by the statutory health insurance for CABG